



Application for Approval to compete in a higher Age category

Event Name:		
Date:	Proposed Weight division:	
Athlete Details:		
Name:	Street Address	
Suburb	State:	Post Code:
Home Phone Number:	Mobile Number:	
Competition Experience:		
Signature of Wrestler		Date:
Endorsements		
We endorse this application to allow		
<p>.....(athletes name) to compete</p>		

in the (age & weight Category)	
of the (event name)	
Parent's signature if athlete is under 18 years of age: Date:	Parent's Name:
Coach's Signature: Date:	Coach's Name:
State President Signature: Date:	State President Name:
Final Approval – Event organizer:	
Event Organizers Signature: Date:	Event organizers name: